



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 17, 2025

Andre Lately  
ASPGM LLC  
41830 Carousel  
Novi, MI 48377

RE: License #: AS820385859  
**All Love Home**  
**28529 PARKWOOD ST**  
**INKSTER, MI 48141**

Dear Mr. Lately:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson". The signature is written in a cursive, flowing style.

K. Robinson, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820385859
<b>Licensee Name:</b>	ASPGM LLC
<b>Licensee Address:</b>	41830 Carousel Novi, MI 48377
<b>Licensee Telephone #:</b>	(313) 263-6290
<b>Licensee/Licensee Designee:</b>	Andre Lately
<b>Administrator:</b>	Andre Lately
<b>Name of Facility:</b>	All Love Home
<b>Facility Address:</b>	28529 PARKWOOD ST INKSTER, MI 48141
<b>Facility Telephone #:</b>	(734) 895-8469
<b>Original Issuance Date:</b>	07/12/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/14/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 02

No. of residents interviewed and/or observed 06

No. of others interviewed 01 Role: Licensee/Admin

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
Residents easily agitated.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident?  
Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.  
McDonalds takeout.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☒ No ☐ N/A ☐  
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
2023: 507(6), 511(2), 403(1), 403(4), 403(5) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 330.1803                      Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:**

**(a) Improve the score to at least the "slow" category.**

No E-score completed within 30 days of DB's placement on 10/3/23.

**R 400.14205                      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.**

Direct care staff, Danielle Jones has no at-hire physical on file; she was hired on 10/8/24.

**R 400.14208                      Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(f) Verification of reference checks.**

No verification of reference checks completed on 2 out of 2 employee records reviewed.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

- DB entered placement on 10/3/23; his health care appraisal is dated 6/4/24 which is approximately 7 months late.
- MH entered placement on 5/9/24; his health care appraisal is dated 9/13/24 which is approximately 3 months late.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

DB has no 2024 AFC Assessment Plan on file.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

DB has no 2024 Resident Care Agreement on file.

**R 400.14310      Resident health care.**

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

The licensee failed to ensure that weight records were taken monthly. Specifically, DB has no weight records documented for 02/24, 03/24, 05/24, 06/24, 07/24, and 08/24. MH has no weight records documented for 06/24, 07/24, 08/24, and 12/24.

**R 400.14312      Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(a) Be trained in the proper handling and administration of medication.

Direct care staff, Markeida Wilson was hired to work at the facility on 8/29/24. The licensee reported Ms. Wilson does administer resident medication. However, Ms. Wilson's employee record has no verification of Medication Administration training. Mr. Lately stated he failed to print her training certificate to verify completion.

**R 400.14312      Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

(i) The medication.

(ii) The dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

(vi) A resident's refusal to accept prescribed medication or procedures.

Observed Medication Administration Records (MAR) that do not contain the signature of the person(s) administering resident medication during the month of July 2024. The licensee acknowledged the mistakes, but Mr. Lately assures the department that resident medication is administered as prescribed. Mr. Lately

explained he cross referencing the MARs with the bubble packs to verify that all medication is dispensed as directed. Mr. Lately also stated that staff will sometimes fail to click the mouse “hard enough” to enter their initials when using the electronic medication system or sometimes staff fail to notate when a resident is on a leave of absence and medication refusals.

**R 400.14318                      Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

The licensee failed to ensure that fire drills were completed in accordance with the rule requirements. The following errors were observed on the day of inspection:

- NO fire drills were completed during the 1<sup>st</sup>, 2<sup>nd</sup>, and 4<sup>th</sup> quarters of 2023.
- No DAYTIME or EVENING drills were completed during the 3<sup>rd</sup> quarter in 2023.
- No EVENING or SLEEP drills were completed during the 1<sup>st</sup> quarter in 2024.
- NO fire drills were completed during the 2<sup>nd</sup> quarter of 2024.
- No DAYTIME drill was completed during the 3<sup>rd</sup> quarter in 2024.
- No SLEEP drill was completed during the 4<sup>th</sup> quarter in 2024.

**R 400.14410                      Bedroom furnishings.**

(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials. The use of a waterbed is not prohibited by this rule.

Observed VT's new bed has no foundation.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended with increased monitoring.



01/17/25

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Kara Robinson  
Licensing Consultant

Date